

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 142County Registrar No. 979

Local Registrar No. _____

No. Miami Hosp. Hospital
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child George Reginald Seaman { If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth Dec. 11, 19267. Date of birth Dec. 11, 1926
Month Day Year

8. FATHER 14. MOTHER

Full name George Reginald Seaman Full maiden name Grace Estelle Morton9. Residence Miami 15. Residence Miami
(Usual place of abode)If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona10. Color or race Cauc. 16. Color or race Cauc.11. Age at last birthday 42 (Years) 17. Age at last birthday 22 (Years)12. Birthplace (city or place) England 18. Birthplace (city or place) Mobile
(State or country) (State or country) Alabama13. Occupation Machinist 19. Occupation Housewife
Nature of Industry Nature of Industry20. Number of children of this mother 1 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12³³ P. m. on the date above stated
(Born alive or stillborn.)Signature Lyril M. Brown M.D. (Physician or midwife)Address Miami, ArizonaGiven name added from _____ Filed Jan 7, 1927 Lo. E. J. J. J.
a supplemental report. Month, day, year Local Registrar.

Registrar

Filed _____, 19____ County Registrar.

725-1211-745